

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Catalog Boutique
BUSINESS STREET ADDRESS: 3550 S.W. 12th Av. ZIP 33330
BUSINESS MAILING ADDRESS: 3550 S.W. 12th Av. Davie, FL ZIP 33330
BUSINESS PHONE: 954-424-8377
DESCRIBE TYPE OF BUSINESS: Web Sales
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Barbara L. Chevalier</u>	<u>3550 S.W. 12th Av. Davie, FL</u>	<u>33330</u>	<u>954-424-8377</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Barbara L. Chevalier - President
Print Owner or Officers Name and Title

BS - J. C.
Signature of Owner or Officer

Office Use Only: Date <u>12/11/01</u> Category <u>11100</u>		Fee Exempt per Sec. 13-13 <input type="checkbox"/>	
License # <u>02110102</u> Control # <u>13490</u>		Fee <u>110.25</u>	Rec# _____
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	Zoning <u>A-6</u>
Town Council Date _____		Approved <u>Jat</u>	Denied _____
Tabled To _____		Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION